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HEALTHY MOTHERS, HEALTHY BABIES NEWSLETTER

2030 Eleventh Avenue, Suite 10 • P.O. Box 876 • Helena, Montana 59624 • (406) 449-8611

Winter, 1989

Volume 1, No. 1

HEALTHY MOTHERS, HEALTHY BABIES HONORS FOUNDER

Donald E. Espelin, M.D., FAAP, was honored by the Steering Committee of **Healthy Mothers, Healthy Babies** for his love, commitment and vision during his tenure as president. He has served as president since the organization was founded in 1984.

Under Espelin's leadership, the organization has established 13 different projects to address the issues and problems affecting the health of mothers and children in Montana. The projects include the PATH Project (Promoting Action in Teen Health Project)

which addresses the issues of teen health and high risk behavior, the Montana Pregnancy Risk Line, Access To Care, and the School Health Program which is aimed at placing a comprehensive health program in public schools. Other projects are Nutrition, High Risk Pregnancy, Continuing Education, Maternal and Child Health Advocacy, Hunger, Baby Your Baby, Tobacco Free Environment, and Early Start for a Healthy Heart.

Dr. Espelin will continue to serve on the organization's Board of Directors.

BOARD OF DIRECTORS REPORT

Marietta Cross has been elected President of the Board of **HMHB**. She is administrative assistant for **Maternal and Child Health** and Community Medical Center in Missoula and has been a long-time member of **HMHB**. She has played a key role in access to prenatal care in the state, serving as Project Coordinator of **HMHB's** Access to Care Project and admirably representing **HMHB** on the Governor's OB Services Availability Advisory Council (OSAAC).

Other elected officers include *Joan FitzGerald*, Clinical Genetics Program Manager, Shodair Children's Hospital, as Vice President; *Suzanne Nybo*, M.S., Family Planning Program Supervisor, Department of Health and Environmental Sciences, as Secretary, and *Karen Northey*, Director of the Florence Crittenton Home, Helena, as Treasurer.

Board Members elected were *Rick Chiotti*, *Donald Espelin*, M.D., and *Suzie Shaffer* of Helena, *Richard Offner*, Ph.D., Missoula, and *Betty Hidalgo*, R.N., of Great Falls.

Healthy Mothers, Healthy Babies Steering Committee

Chair: Karen Northey
Vice Chair: Betty Hidalgo

Healthy Mothers, Healthy Babies Staff:

D. Elizabeth Bozdog,
Executive Director

Elsie Armstrong,
Administrative Assistant

HEALTHY MOTHERS, HEALTHY BABIES

ANNUAL CONFERENCE in conjunction with MONTANA PUBLIC HEALTH ASSOCIATION

BOZEMAN, MONTANA
APRIL 5-7, 1989



Thank You! Thank You!

Healthy Mothers, Healthy Babies gives a MEGA "thank you" to the following people and organizations for their tremendous support and generous contributions this past year.

*AHEC and Marge LeVine
The Doctor's Management
Company and Leonard
Kauffman*

*Missoula Community Hospital
R. A. Howard and Associates
Henry J. Kaiser Family
Foundation*

*March of Dimes - Big Sky
Chapter*

*MSU Extended Studies
Program - Kim Nelson and
Staff*

*Montana University Affiliated
Programs - Rick Offner*

*Myhre Advertising
Wanda Person*

Stanford University

*U.S. West Communications and
Barbara Ranf*

*Wyeth Ayerst Laboratories -
Jim Urquhart and Steve
Gillespie*

*Northwest Area Foundation
Jackson, Murdo, Grant and
Larsen - Dave Jackson and
Curt Larsen*

Healthy Mothers, Healthy Babies Sustaining Members

Donald E. Espelin, M.D.
John Gregory, M.D.
Kalispell of OB-GYN Assoc.
March of Dimes - Big Sky
Chapter
Montana Academy of Family
Physicians

BREASTFEEDING PROJECT

Project Coordinator:
Pat Hennessy

The Breastfeeding Promotion Project recently completed a survey of Montana hospitals to determine the status of support, training, and education for breastfeeding within that setting. Barriers to the support and promotion of breastfeeding were also identified.

Of the 56 questionnaires sent, 56 responded. In all, 44 of the 56 are providing maternity services. All indicated support of breastfeeding and most favored additional education and training. Eleven requested specific information and resources.

Results of the survey were reviewed by members of the Montana Regional Lactation Management Training Team, and the Renewable Technologies, Inc. and MHC/WIC Program as part of the planning process for the next phase, that of linking with the hospitals and expanding the project.

Montana has a unique and proven model for the promotion of breastfeeding and the counseling and support for the mother. Using the positive and preventive approach RTI has successfully developed a proven model, which is of national significance. This model is incorporated into the WIC Program statewide, and in some locations local agencies have made the necessary link with the hospitals to provide a continuous and strong support system for the woman who chooses to breastfeed.

In April, the Montana Regional Lactation Training Team which is made up of James Feist, M.D., Tein ha Ma, M.A., and Stephanie Nelson, R.N., M.S., P.N.P., will present an educational program which will be available to all

health professionals in the MCH Region VIII. It will be an opportunity to show and tell, to educate and encourage others providing health services in the region, and to develop and maintain the expertise necessary for the support and promotion of a successful lactation and breastfeeding experience.

Both RTI and MRLTT have their roots in Wellstart/The San Diego Lactation Center. Educational materials have been developed by RTI and WIC and reviewed by Wellstart, thus providing valid and referenced resources for the professionals to use in individual programs.

The maternal and infant population in Montana is served primarily by private sector health care which is compartmentalized into primary, prenatal, in-hospital, and postpartum ambulatory care settings. It is becoming quite evident, however, that public health must and is providing a major part of the health care and support. Thus, it makes for good health practice and is only logical that the private and public model for the promotion of breastfeeding in place in Montana be supported and used as a national model. **Healthy Mothers/Healthy Babies**, the Montana Coalition, does provide that support and visibility.

Did you know...

The WIC program in Montana has funds to serve only 44 percent of all the women, infants, and children who are eligible in the state?

ACCESS TO CARE PROJECT

Project Co-Coordinators:
Marietta Cross and Pat Huber

GOAL: To assure accessible, quality, and comprehensive perinatal health care for mothers and infants in Montana. Perinatal care includes preconceptual, prenatal, delivery, and postpartum care, as well as infant care up to one year.

OBJECTIVES:

1. Medicaid Coverage

Short Term: pilot projects for presumptive eligibility, case management, and support PFP proposals
Long Term: extend Medicaid coverage

2. Reduce Infant Mortality

Short Term: prepare "Miami Project" (Montana Initiative For Abatement of Mortality in Infants)
Long Term: support Children's Agenda

3. Increase Use of Other Licensed Health Care Providers (nurses, CNM, CNP)

Short Term: develop and support team approach and support other appropriate legislation work on dissolving barriers through education communication
Long Term: review and revise Health Professional Practice Acts promote rural perinatal teams and research other states rural care

4. Medical Liability

Short Term: continue participation on OSAAC and prepare for legislature
Long Term: if no proposal is passed, research and develop plan for necessary changes in health care system

5. Expand Women's Reproductive Health Care

Short and
Long Term: Assess, research, and develop a plan for increased access to reproductive health care

Marietta Cross did an outstanding job as **Healthy Mothers, Healthy Babies'** representative to the Obstetrical Availability Advisory Council. The following is the final report:

OB AVAILABILITY ADVISORY COUNCIL MAKES RECOMMENDATIONS

Governor Ted Schwinden commissioned a special committee, "The Obstetrical Availability Council," to evaluate the liability crisis regarding obstetrical care. The crisis is causing the loss of access to obstetrical care in Montana, especially in rural areas. Recent surveys by the Montana Academy of Family Physicians have revealed that approximately 50 percent of Montana Family Physicians have discontinued their obstetrical services. Among the worse effects are a possible increase in the infant mortality rate and the human costs and economic costs of bad outcomes. The Council identified the causes of the crisis as skyrocketing malpractice insurance rates, a variety of tort-related issues, and inadequate medicare reimbursement rates.

The following solutions were recommended to the Governor by the Council:

- Raise the level of Medicaid reimbursement to \$1,000, which is approximately 80 percent of the industry average, and a "break even" figure for doctors delivering babies.
- Adopt presumptive eligibility for early, effective prenatal care for Medicaid clients.
- Expand outreach/education programs in prenatal and infant care.
- Increase Medicaid coverage to 150 percent of the poverty level for prenatal care.

The Council recommends that the source for increased funding should be a tax on tobacco products which can be matched 70/30 by Federal Funds. The Council also recommends

that legislation be introduced that immediately reduces medical liability insurance premiums for doctors who deliver babies. Any legislative proposal must be actuarially sound, with provisions for injury prevention in birth-related cases, and with provisions for eliminating the uncertainties of the current tort and insurance system.

The Council also recommends that current law relating to periodic payment of future damages of \$100,000 or more be amended to make such periodic payments mandatory in obstetrical cases. The Council also supports some of the reforms recommended by the Montana Medical Association, including limiting the liability of doctors who participate in peer review.

These recommendations concerning increased Medicaid payments, the tobacco products tax as a funding source for Medicaid, medical malpractice insurance costs, and substantial tort reform are being reviewed by the Governor.

—Montana Hospital Association
Weekly News Report
September 30, 1988

REMINDER!

Remember to pay your
1989 Membership Dues:

Sustaining Member - \$200
Organizational - \$ 50
Individual Member - \$ 15

CALL FOR INCREASED MEDICAID COVERAGE FOR WOMEN AND CHILDREN

Calling for universal access to health care for all pregnant women and infants, the National Commission to Prevent Infant Mortality recently recommended that Medicaid be expanded to cover all pregnant women and infants below 200 percent of poverty income line and that all employers who offer health insurance be required to offer maternity coverage. In 1968, the U.S. ranked 15th in terms of infant mortality among nations of the world; the country now ranks 19th.

The fifteen-member commission, established by Congress and chaired by Senator Lawton Childers (D-FL), presented its report saying, "The existing financial, educational, and social barriers to essential health services for pregnant women and infants must be eliminated." Congress has already passed legislation that allows states to include pregnant women and infants with incomes up to 185 percent of poverty under Medicaid as well as legislation requiring coverage, by mid-1990, of women below the poverty level.

Surveys show that in 1985, 9.5 million women of childbearing age had no health insurance, and in 1985, five million women of childbearing age had health insurance that did not cover maternity care. Universal access to maternity care could cost federal and state governments an additional \$1 billion, but keeping low birthweight babies alive in the first year of their life may be as high as \$2 billion per year.

Other recommendations of the Commission include:

- Assets tests in computing Medicaid eligibility, such as considering the family automobile, should not be used by any state.

- Self-employed and unincorporated businesses should be allowed to deduct the full cost of health insurance from taxes, as corporations.
- Insurance pooling mechanisms should be set up to make health insurance more affordable for small employers.
- Funding and coordination should be increased between the Title V Maternal and Child Health Services Block Grant, the Special Supplemental Food Program for Women, Infants and Children (WIC), the Community and Migrant Health Centers, the Infant Mortality Initiative program, and other such efforts.
- Medical application forms should be simplified and eligibility processes streamlined.
- A home visitors program for pregnant women and new mothers should be established and a national network of hotlines be set up to provide information on access to care.
- Public health professionals should develop databases to assist in monitoring and evaluating the impact of public programs and policies, report annually on programs on infant mortality and children's health, develop media campaigns to inform the public about the need for and availability of services for women and children, and have expert panels investigate infant death and problem pregnancies and work with hospitals on discharge planning and follow-up programs.

—adapted from *The Nation's Health*,
September, 1988

Health Statistics:

- The Class of 2000 Key Facts:

In September, 1988, the first high school graduating class of the twenty-first century enters the first grade, more than three million American six-year-olds. As of July, 1988, the following key facts indicate where these youngsters stand on several crucial indicators: 1) More than one in five is poor; 2) One out of every four does not live with both parents; 3) More than one out of every two has a mother in the workforce; 4) More than one in five is without health insurance; and 5) At least one in three has never seen a dentist.

(CDF Reports,
September 1988, p.3)

- By 1990 some 70 million people will be working at video display terminals (VDTs) in their offices. Clinical findings at the School of Optometry at UC Berkeley suggest that working regularly at a VDT may cause a premature loss in the eye's ability to focus. Appropriate eyeglasses can correct the problem. People who work at computers should have their eyes checked annually.

(UC Berkeley Wellness Letter,
November 1988, p. 1)

- The rate of child restraint use among infants and children up to age four has risen dramatically since 1979, from 15 percent to about 84 percent in 1987, but surveys show that at least 30, and as much as 65 percent, of all child safety seats are used improperly. Seat belt use among older children, aged four through 12, is much lower, about 36 percent according to the National Highway Traffic Safety Administration (NHTSA), and teens have an abysmal 27 percent seat belt use rate.

(Status Report, September 17,
1988, p. 10)



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PATH PROJECT

(Promoting Action in
Teen Health Project)

Director: Elizabeth Bozdog

Since the last reporting of PATH, the project wound its way along miles of Montana highways and met with hundreds of new people.

The Highlights

1. Path Task Force - The Task Force met four more times this year. At the spring meeting, several subcommittees were created or expanded upon. The committees that met were Communications, Funding Development, Technical Assistance/Evaluation, Community-Based Youth Services, Indian Advisory Group, and the School Health Program Project. The Task Force also went through training in August which was conducted by the Communications Committee on how to be a spokesperson for the PATH Project.
2. Indian Advisory Group (IAG) - The IAG met on the Fort Peck, Fort Belknap, and Browning and Flathead Reservations this last year. The group also met at the Fall Indian Health Service Conference in Billings. The IAG is now studying existing assertion training programs for

elementary kids. The group is also mulling over the idea of assembling a statewide prevention training team that would disseminate a model prevention program and train local reservation members.

3. Montana Youth 2000 Conference - Held in Bozeman, May 13 and 14, 1988, with about 180 people attending, many of them teenagers. The conference featured Joy Dryfoos, nationally known expert on teen pregnancy prevention, with many fine Montana prevention programs showcased. A group of teens involved in the Montana Teen Institute from Butte presented a "teen theater" segment, which stole the conference.
4. Community Health Grant Programs - In May also, **HMHB** PATH Project sent out requests for proposals to contacts around the state soliciting community programs that addressed teen pregnancy prevention and the building of local coalitions.

An ad hoc selection has reviewed the proposals received. Three sites were selected:

- Project Choice
Junior League of Great Falls,
YWCA, Young Parent's
Education Center. Project
Director: Barb Holden
(453-4412)

- Teen Outreach Project -
Polson
Project Director: Nancy
Meuli (883-3350)

- Rocky Mountain Development Council Tri-County
Family Planning Program
Project Director:
Kristine Graetz (442-3830)

Each project has been awarded a one-year, \$15,000 grant from the PATH Project. **HMHB** has received funding from the Kaiser Family Foundation, The Stuart Foundation, and The Northwest Area Foundation for the PATH Project.

5. The following visual aids were developed and are available:

Brochure — "Young Love Can Change Lives Forever"

Exhibit - 4' x 5' portable exhibit depicting the PATH Project.

Slide Presentation - 12 minute slide show that describes the goals and objectives of PATH.

Contact **HMHB's** office for further information (449-8611).

Did you know...

In 1987, an estimated 672 pregnancies in Montana occurred in those aged 17 and younger?

SCHOOL HEALTH PROJECT

The School Health Program Project (SHPP) primarily supported and monitored the activities of "Project Excellence," which through HJR 16 in the last legislative session charged the Montana Board of Public Education to re-examine and establish new accreditation standards for Montana schools. Project Excellence, as part of its final recommendations, included a Health Enhancement section that opens the door for a comprehensive K-12 health enhancement curriculum. And this is one of the project's most important goals.

The SHPP also strategized during the last year how to create a full-time permanent State Health Coordinator, to be most likely located in the Office of Public Instruction. This position would be responsible for overseeing the implementation of a K-12 health enhancement curriculum, improving and increasing school health services, and ensuring healthy and safe school environments in all districts.

Nancy Keenan, newly elected Superintendent of Public Instruction, met with the SHPP in October. She stated then that health education was not a frill, but a basic. "Unhealthy children cannot learn." She could not commit herself as of this fall to the State Health Coordinator position. She must first study the staffing needs of the Office of Public Instruction after the first of the year.

Suzie Shaffer, member of SHPP and also a HMHB board member testified at a public hearing held November 3 in Helena on behalf of the Health Enhancement recommendations and Project Excellence in general. Thanks, Suzie! It must have helped.

YOUTH IN CRISIS WORKSHOP

A Pragmatic Approach to Preventing Potentially Self Destructive Behavior in Youth

*Great Falls, Montana
April 20 & 21, 1989
Heritage Inn*

For further information contact:
Curt Campbell, Youth Counselor
Opportunities, Inc.
Great Falls, Montana
(406) 453-5415

School Standards Get 131-Mill Price Tag

Helena (AP) - Montana could meet newly proposed state accreditation standards and make significant progress toward equalizing state education funding next year with a 131-mill statewide levy, according to a Legislative Fiscal Analyst's report.

The report was prepared for the Legislative Finance Committee which, in a joint meeting (11/17/88) with the Basic Education Committee, voted to send the report to the full Legislature without a recommendation.

In the fiscal analyst's proposal, "Project Excellence" would be phased in over four years.

With the imposition of a 131-mill statewide property tax levy, the state would guarantee 100 percent of the money local schools need to meet the new standards, while local voters would have the option to exceed by up to 25 percent the funding needed to meet the standards.

Fiscal analyst staff members said 88 percent of the money spent on state schools would be equalized under their plan. At present only 56 percent of the funds are equalized.

*-Adapted from the Great Falls Tribune,
November 20, 1988*

THE MONTANA ADOLESCENT HEALTH SURVEY A BLUEPRINT FOR THE FUTURE

Over the summer, as a major evaluation activity of the PATH Project, a "Made-for-Montana" Adolescent Health Survey (AHS) was designed. The AHS will be administered to about 5,000 students from randomly selected school districts throughout eastern and western Montana. The survey will be administered in February, 1989, with results available to state officials and local school

districts by early summer. The survey will be re-administered in targeted communities every two years for about the next six years.

The survey is a self-administered questionnaire which will be completed by 7th, 9th, and 12th grade students. The questionnaire includes questions about injuries, cigarette smoking, drugs and alcohol, nutrition, safety habits, self-esteem, sexuality, and stress.

The Montana AHS was jointly designed by HMHB's PATH Project; the Montana AIDS Project and the Health Education/Risk Reduction Program of the Department of Health and Environmental Sciences; the Office of Public Instruction; and the University of Washington's School of Public Health and Community Medicine. Patrick Gravage was hired by HMHB in the fall as the Survey Coordinator and will be doing the bulk of the front work with school officials to set up administration of the survey. (Patrick lives in Livingston and is a former junior high school principal and classroom teacher.)

The AHS is an important part of the overall evaluation that the Henry J. Kaiser Family Foundation is conducting with the University of Washington/Seattle to measure the impact of their community health promotion programs throughout the western states. In Montana the AHS will be used by state-level health, education, and human services planners to develop programs and draft needed policies for our youth. Local school districts will have the unique opportunity to examine local data to conduct curriculum planning and community policy information. The Montana AHS will provide valuable, long-awaited, and never-before-obtained baseline data on the health status of Montana teens.

Montanans Caring for Kids III
A Youth Drug/Alcohol Conference
February 2-3, 1989
Copper King Inn
Butte, Montana

HIGH RISK PREGNANCY PROJECT

Project Coordinator: Maxine Ferguson

Four low birthweight prevention projects have been partially funded through grant monies awarded to **HMHB** by the Big Sky Chapter March of Dimes. A \$25,000 grant was approved earlier this year for projects whose main purpose is the reduction of low birthweight and overall improvement of pregnancy outcomes in at-risk women.

The funded projects are located in Beaverhead, Flathead, Missoula and Yellowstone counties, utilizing Barrett Memorial Hospital and the public health department in Beaverhead County; and city-county health departments in the other counties as the funding recipients. All projects utilize case management and a local coalition. This model provides at-risk pregnant women increased opportunity to access WIC, family planning, physician services, educational programs and other services, including Medicaid, which help ensure healthy pregnancy outcomes. Nurses serve as case managers and provide program direction in each location.

Other financial support for Montana's low birthweight prevention projects come from the Montana Department of Health and Environmental Sciences' Montana Perinatal Program (MPP) and Developmental Disabilities Planning and Advisory Council (DDPAC), and from local funding. Other current project sites include Ravalli County with the project located at Marcus Daly Hospital and Gallatin County, where the project is located in the public health department.

Did you know...

**that an average of
120 infants die in
Montana every
year before reach-
ing age 1?**

HUNGER PROJECT

Project Coordinator: Minkie Medora

State Coalition to Study Hunger in Montana

The Montana Hunger Coalition, a group representing four state organizations, as well as other interested groups, has received a grant from the League of Women Voters Education Fund to study the status of hunger in Montana and to find ways to alleviate the problem in the state.

The Montana Hunger Coalition is a co-operative effort by four state organizations:

- The Montana League of Women Voters
- The Montana Foodbank Network
- **Healthy Mothers, Healthy Babies**
- The Montana Dietetic Association

In addition, representatives from the State Department of Health and Environmental Sciences, the State Department of Social and Rehabilitation Services, the Montana Low Income Coalition, the Montana Association of Churches, and a State Legislator serve to direct and guide actions of the Hunger Coalition.

The Hunger Coalition is working on three major goals for the coming year. First, a state hunger survey will be conducted in order to study the extent of hunger in Montana. Second, a study committee will be set up to monitor all ongoing legislation and regulations as they pertain to assistance programs dealing with poverty and hunger. Finally, coalition representatives will seek assistance from all interested people in

developing activities to promote support of local feeding programs in communities throughout the state. The purpose of these goals is to better understand the status of hunger in Montana and to share this information with the Legislature and the people in the state, and to work towards reducing the immediate problem of lack of food for the hungry in Montana.

The face of hunger is rapidly changing and growing in Montana. Hunger and its related condition - poverty - are no longer the domain of the "down and out" in our communities. Hunger afflicts the growing number of single parent families, the single mothers with small children, the unemployed mill workers, seasonal migrant workers, or even top level executives who have lost their job and cannot find employment. Hunger is in the homes of people earning minimum wages or working part-time and are, therefore, not eligible for any assistance. Above all, the majority of hungry people in Montana are children.

The Montana Hunger Coalition seeks additional funding for the state survey and also seeks assistance and support from interested persons. For more information contact Project Coordinator Minkie Medora, R.D., in Missoula at 728-4100.

DID YOU KNOW...

One out of every four children in Missoula County is on the free or reduced school lunch program?

Montana ranks 39th in the nation for per capita income - well above average?

The combined benefits of AFDC and food stamps as a percentage of poverty level for a family of three without any other income comes to 74 percent?

TOBACCO FREE ENVIRONMENT

Project Coordinator: Toni Jensen

In order to impact tobacco use by adults and youth, the Rocky Mountain Tobacco Free Challenge project has initiated activities in a number of areas. Two "Smoking in the Workplace" workshops were held recently in Great Falls and Helena. A total of 45 participants received information concerning problems and policies on smoking at the worksite. Two additional workshops are planned for Billings and Butte.

A Kids Press Conference with Governor Schwinden and Superintendent of Schools Ed Argenbright was held in November. The press conference was designed to initiate a challenge effort directed by kids to schools across Montana to develop anti-tobacco messages that can be used by the Rocky Mountain Tobacco Free Challenge to educate youth about the dangers of tobacco.

Mini-grants of up to \$2,000 have been offered to Native Americans to initiate programs that will reduce the incidence of tobacco use on Montana's reservations. Emphasis is being given to educate pregnant Native American women about the risk of tobacco use during pregnancy.

The Rocky Mountain Tobacco Free Challenge Task Force, comprised of 14 health care and social service representatives across Montana, meets quarterly. If you are interested in becoming involved in this effort, please call Toni Jensen at the State Department of Health and Environmental Sciences, 444-5562.

HMHB pins
are available
at HMHB office
for \$3.00

*The American Lung
Association of
Montana has an
attractive*

*5-1/2" x 8-1/2"
poster -*

*"No Smoking
Baby Breathing"*

*Individual copies free
upon request -
additional copies
50 cents each*

*Write to:
American Lung
Association of
Montana
825 Helena Avenue
Helena, Montana
59601
or call 442-6556*

MATERNAL AND CHILD HEALTH ADVOCACY

In the past years HMHB initiated two new advocacy organizations:

I. Montana Council for Maternal and Child Health (MCMCH)

The Council's mission is to improve maternal child health care in Montana by educating and informing policy makers in and out of government.

The sustaining members which comprise the council's Board of Directors include:

**Healthy Mothers, Healthy
Babies, the Montana Coalition**
March of Dimes, Montana Big Sky
Chapter
Montana Academy of Family
Physicians
Montana Chapter, American
Academy of Pediatrics
Montana Perinatal Association
Montana Section, American

College of Obstetrics and
Gynecology
Nurses Association of the
American College of
Obstetrics and Gynecology,
Montana Section
Shodair Children's Hospital

Karen Landers, M.D., an HMHB's Steering Committee member, is the Executive Director. She will lobby MCH concerns in Montana's 1989 Legislature. For further information, call 443-1674.

II. Montana Children's Alliance

Last year HMHB brought together a diverse group of Montanans with a wide range of individual interests in child and family issues to form a coalition on behalf of Montana's children. This group realized that the well-being of Montana's children depends upon a whole realm of advocates, agencies, and service providers. Thus, the Montana Children's Alliance was formed to address the needs of children.

The purpose of this coalition is promotion of the well-being of children. The members of the Montana Children's Alliance spent last year intensively studying the health, education, and mental health/social service needs of Montana's children with the cooperation of service providers, advocates, and governmental agencies.

A wide range of issues were narrowed by a process of consensus in both small groups, as well as in the entire membership. Through the research, negotiation, and compromise of the consensus process the Alliance (MCH) is focusing on the following issues:

Infant Mortality Reduction - Prenatal Care

Early Intervention Services

Montana Genetics Program

Family Planning: Broadening Services

Family Planning: Contraceptive Dispensing

Medicaid Coverage for Pregnant Women and Children

Comprehensive School Health

Enhancement Curriculum

State School Health Coordinator

Quality Youth Residential Care

Out of Home Data Collection

Comprehensive Child Care Bill

Children's Trust Fund

State Children/Youth Advocate

All issues presented in the Agenda are of high priority and carry equal weight. They are considered crucial in eliminating suffering and death and promoting the health and well-being of our state's most vulnerable citizens.

The Healthy Mothers, Healthy Babies' Executive Director, Elizabeth Bozdog, serves as the Chair. Other **HMHB** members who are actively involved are: Donald Espelin, Karen Landers, Karen Northey, Maxine Ferguson, March of Dimes, Bob Moon, Suzanne Nybo, Sidney Pratt, and Dick Van Haecke. Consultative support was received from the Department of Health and Environmental Sciences, Department of Social and Rehabilitation Services, and the Department of Family Services. Consultants who played a significant role are: Donald Espelin, Suzanne Nybo, Bob Moon (DHES); Dennis Taylor, Charlotte Fuson, Dick Van Haecke (SRS); and Judy Williams (DFS).

If you would like further information or a copy of the Children's Agenda, please call 449-8611.

BABY YOUR BABY PROJECT

Project Co-Coordination:

Bob Howard and
Elizabeth Bozdog

Baby Your Baby is a project produced by KUTV television in Salt Lake City to promote prenatal care and prevent low birthweight babies. The project is a two-year community outreach campaign, involving a multi-media approach and includes television, radio, coupon incentive program for pregnant women, newspaper ads, bus boards, seminars, information cards, campaign banners, posters, pamphlets, viewer guides, and TV program ads.

KTGF - Great Falls - Rico Lion Films are working with us to put together the Montana network for the Baby Your Baby Project. They are currently reviewing the materials for KUTV - Salt Lake, and are putting together a Montana production budget.

HOT OFF THE PRESS

**Healthy Mothers,
Healthy Babies
Brochure**

and

**HMHB
Maternal Child
Health
Resource
Directory**

**For Copies
Call or write:**

**Healthy Mothers,
Healthy Babies
The Montana
Coalition
P.O. Box 876
Helena, MT
59624**

(406) 449-8611

Montana Pregnancy Risk Line

**1-800-521-BABY
(521-2229)**

**Call or Write
HMHB Office**

for Brochures & Posters

ANNOUNCEMENT

Mark Your Calendar

HMHB Western United States Conference

May 31,
June 1 & 2, 1990
Kalispell, Montana

Three Educational Tracks:

- MCH Issues
- Rural Health
- Perinatal

Keynoter: Lisbeth Schorr

Theme:
**"Within
Our
Reach"**

Plans include a Boat
Tour of Flathead Lake
and
the Best Barbecue
ever at Flathead Lake
Lodge.

Join Us
For The Most
Dynamic Conference
Ever!!



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